

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 - Print your name and address on the reverse so that we can return the card to you.
 - Attach this card to the back of the mailpiece, or on the front if space permits.
1. Article Addressed to:

CONWED CORPORATION
 315 Park Avenue South, 20th Floor
 New York, New York 10010

COMPLETE THIS SECTION ON DELIVERY
EDITION 12/01/2006

| | |
|---|------------------------------------|
| A. Signature <i>John Manes</i> | <input type="checkbox"/> Agent |
| B. Received by (Printed Name) <i>John Manes</i> | <input type="checkbox"/> Addressee |
| C. Date of Delivery 11/27/2006 | |
| D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <i>206CU 1034-WKW</i> | |
| 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

2. Article Number
 (Transfer from service sheet)
7003 3110 0004 0799 3656

3811, August 2001

Domestic Return Receipt

(20)

SAC